Since January 2020 Elsevier has created a COVID-19 resource centre with free information in English and Mandarin on the novel coronavirus COVID-19. The COVID-19 resource centre is hosted on Elsevier Connect, the company's public news and information website.

Results: During the reported period, 1,104 hemodialysis sessions were performed and 217 (19.7%) hypoglycaemia (HGT <80mg/dL). The episodes were managed with administration of intravenous hypertonic glucose, according to the institutional protocol. No patient presented worsening of the condition or needed hospitalization. The identification of the root cause allowed the elaboration of an action plan and acquisition of a greater amount of hydroelectrolytic concentrate with glucose. With the use of glucose solution, partial data showed the occurrence of 49 episodes of hypoglycemia in the first half of the following month, a reduction of 65% compared to October.

Conclusions: Failures in institutional communication processes is also pointed out as a source of risk of adverse events. Another critical communication process for the risk of adverse events is between the pharmacy, nursing and medical staff. Situations of failures of writing and interpretation of medical prescription, as well as the dispensing and preparation of medications are moments. prior to administration of medications that can induce the error of the nursing team. The case reported illustrates the impact on the entire drug chain due to misinformation about the hydroelectrolytic solution, which led to the failure of the administration, pharmacy, doctors and nurses that are part of the new service. Events could have been avoided, as diabetic patients with chronic renal disease may present with episodes of hypoglycemia, usually asymptomatic, during hemodialysis sessions when using glucose-free dialysate.

No conflict of interest

POS-551

INTRAOPERATIVE PLASMA (1-84) PTH LEVELS ARE BETTER THAN INTACT PTH FOR ASSESSING THE SUCCESS OF PARATHYROIDECTOMY IN UREMIC HYPERPARATHYROIDISM PATIENTS

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Introduction: Parathyroidectomy (PTX) is the most effective treatment in severe secondary hyperparathyroidism (SHPT) patients with chronic kidney disease (CKD). Complete removal of all parathyroids is essential for successful PTX. Excessive or ectopic parathyroids are related with persistent SHPT, which occurs up to 25% of cases. Now the most commonly used second-generation intact parathyroid hormone (iPTH) assay can not only recognize (1-84)PTH, also named as whole PTH (wPTH), but also large C-terminal PTH. While the third-generation PTH assay can measure (1-84)PTH specifically. This provides a possibility of diagnostic accuracy for successful PTX by intraoperative (1-84) PTH because of its higher specificity and shorter half-life, however, there is no relevant report. Here we compared the predictive value of intraoperative plasma (1-84) PTH and iPTH levels in order to improve the safety and efficiency for PTX prospectively.

Methods: We included 100 healthy controls, 162 stage 5 CKD patients without SHPT, 214 PTX patients because of SHPT. Plasma iPTH and (1-84) PTH levels were measured before incision (io-iPTH0, io-[1-84]PTH0), 10min (io-iPTH10, io-[1-84]PTH10) and 20min (io-iPTH20, io-[1-84]PTH20) after removing all parathyroids. Reduction percentage of PTH at 10min and 20min were calculated (io-iPTH10%, io-[1-84]PTH10%, io-iPTH20%, io-[1-84]PTH20%). Within one week after PTX, patients with serum iPTH<50pg/ml were classified as successful PTX, and patients with serum iPTH≥300pg/ml were defined as persistent SHPT. Patients would be followed up in 6 months when serum iPTH levels between 50-300pg/ml, serum iPTH<300pg/ml subgroup was defined as successful PTX, and those whose serum iPTH≥300pg/ml were persistent SHPT(Fig.1). The receiver operating characteristic (ROC) curve was used to determine cut-off values for predicting surgical outcome. Accurate diagnosis was expressed by sensitivity, specificity, and area under the ROC curve (AUC).
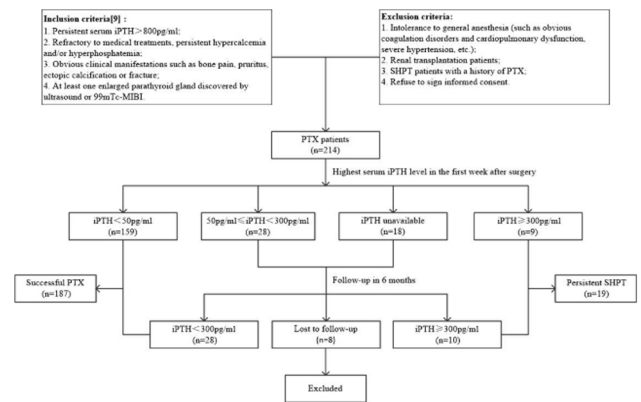
Results: Baseline (1-84)PTH levels in controls, non-PTX and PTX patients were 22.10(15.36-31.31)pg/ml, 94.51(52.31-190.70)pg/ml and 850.90(595.00-1269.00)pg/ml. In PTX group, there were 187 successful PTX(87.38%), 19 persistent SHPT (8.88%), and 8 patients(3.74%) were lost to follow-up. In successful PTX subgroup, there were 5 patients had five parathyroids, 1 patient had two parathyroids, and 7 patients had three parathyroids. There was no significant difference between successful PTX and persistent SHPT subgroup on plasma io-iPTH10 levels. Compared with successful PTX group, persistent SHPT patients had higher io-(1-84)PTH10, io-iPTH20 and io-(1-84)PTH20 levels (P < 0.001). ROC curve revealed io-(1-84)PTH10% > 86.64% (AUC 0.77, sensitivity 55.10%, specificity 94.70%), and io- (1-84)PTH20% > 87.46% (AUC 0.92, sensitivity 84.00%, specificity 94.70%) could predict successful PTX. Sensitivity of io-iPTH20% and io-(1-84)PTH20% were higher than those at the time-point of 10min. Compared with iPTH10% and iPTH20%, the predictive ability of io-(1-84)PTH10% and io-(1-84) PTH20% were higher (sensitivity: 55.10% vs 51.90% and 84.00% vs 73.30%; specificity: 94.70% vs 89.50% and 94.70% vs 89.50%)(Fig. 2).
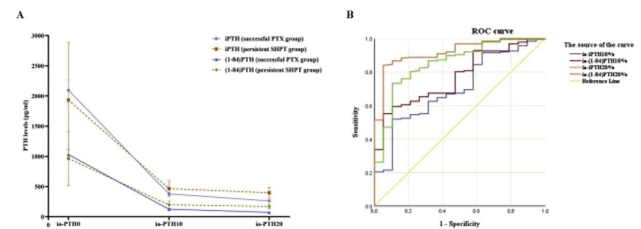
Conclusions: Intraoperative reduction percentage of plasma (1-84)PTH level is superior to iPTH for accurate evaluating successful PTX, especially at the time-point of 20min after all cervico-thoracic parathyroids were resected.

No conflict of interest

POS-552

PREVALENCE OF COVID-19 IN CHRONIC HEMODIALYSIS PATIENTS AT THE TARIJA DEPARTMENTAL HEMODIALYSIS CENTER DURING THE PEAK OF THE PANDEMIC JULY - SEPTEMBER 2020

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Introduction: Bolivia was the last country to enter in the list of Latin American countries to report cases for the worldwide pandemic of COVID-19, reporting its first two confirmed cases on March 11, 2020 in the cities of Santa Cruz and Oruro. From that moment, the disease caused by SARS-CoV-2 spread throughout the different departments of Bolivia. Tarija was the first to last department to break the epidemiological silence of COVID-19 cases.On a national basis, the peak of infections occurred initially in the city of Santa Cruz around the months of April, May and June, together with Beni and later La Paz. In Tarija department, the peak of cases was registered in the months of July, August and September.The Departmental Hemodialysis Center during this period had 71 registered patients undergoing chronic hemodialysis sessions.In this article we display the prevalence of patients who were infected with COVID-19 during that period of time.
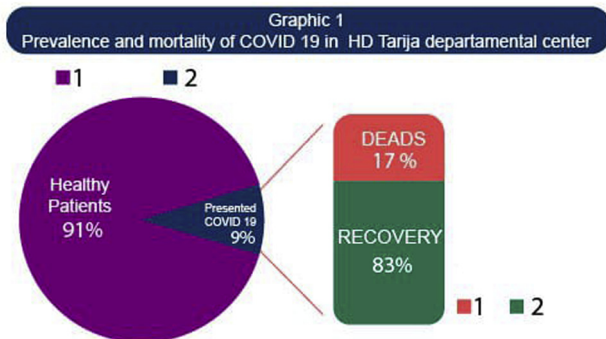
Methods: This is a prospective cohort observational study in which 71 patients were observed, who underwent hemodialysis sessions during the three shifts during the day (morning, afternoon and evening, during the months of July, August and September, months which were the peak of

the pandemic in Tarija.Patients suspected of being transmitted with the disease, underwent immunochromatography IgM/IgG, ELISA anti SARS-CoV-2 and RT/PCR tests before confirming the diagnosis of COVID-19. Patients who had hemodialysis sessions for a period of less than 3 months were excluded from the study, and also those who changed their treatment modality for peritoneal dialysis to hemodialysis.

Results: 63 patients, 27 men and 36 women, who underwent hemodialysis sessions during the observational period met the inclusion criteria of the study. 7 patients were excluded for not meeting the inclusion criteria, 6 with a period less than 3 months undergoing hemodialysis and 1 patient who had changed the treatment modality from peritoneal dialysis to HD were excluded too.Of the 63 hemodialysis patients, 57 patients remained healthy and 6 were diagnosed with COVID-19 (Table 1)The prevalence of patients who presented COVID-19 in the hemodialysis center was 9%, with 33% of mortality and 83% who were able to recover and receive epidemiological discharge (Graph 1).Of the 6 patients who developed COVID-19, 3 were women and 3 were men, 4 patients with previous hepatitis B infection who were dialyzed in the room with machines HBV + and 2 patients without liver infections who were dialyzed in negative machines.Three patients evolved asymptomatic during the SARS-CoV-2 infection, 2 presented thermal rises and mild cough, but without compromise in O2 saturation or ventilatory function, and one patient who died developed mild cough, slight fever and a hemodialysis catheter-related bloodstream infection by Staphylococcus aureus, confirmed in blood culture. (Graph 1)

Table1
Clinical characteristics of study participants (N=63)

		COVID negative N= 57	COVID positive N= 6	All patients N= 63
Age	Mean	51.08	57,6	51.66
Gender F (m)	%	58(42)	50(50)	57(43)
Ethnicity				
Latin	%	98	100	98
Black	%	2	0	2
Reason of HD				
Diabetes nephropaty	%	35	50	36
Hypertensive nephropaty	%	25	0	22
GMN	%	26	50	29
PKD	%	5	0	5
Other	%	9	0	8
Vintage on HD (m)	mean	29 (3-108)	12 (6-18)	29.5

Graphic 1
Prevalence and mortality of COVID 19 in HD Tarija departamental center

Conclusions: The prevalence of patients infected by SARS-CoV-2 was 9% with a mortality of 17% (1 patient), validating that strict patient control and prevention measures become a great support to avoid massive spread between patient prone to acquire this infectious disease.

No conflict of interest

POS-553

PRESENCE AND SEVERITY OF COVID-19 PANDEMIC-ASSOCIATED DEPRESSION IN PATIENTS UNDERGOING HEMODIALYSIS AT THE TARIJA DEPARTMENTAL NEPHROLOGY AND HEMODIALYSIS CENTER – BOLIVIA

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Introduction: The pandemic and confinement due to COVID-19 alters the mood of any individual, but it affects in a very special way those who suffer from both organic and mental diseases, such situations like the kind we usually live generally aggravate symptoms easily by presenting feelings of loneliness, fear, uncertainty or sadness.Anxiety and depression are the psychiatric

disorders that have been most frequently associated with chronic kidney diseases and chronic non-transmitted diseases (diabetes mellitus, high blood pressure, etc.). Depression is an affective disorder which is associated with the emergence of the feeling of loss experienced by many patients with kidney failure, especially when they realize that they lose autonomy, that they suffer a deterioration in physical performance related to different stages of the progression of the disease, and see how their family and work role is altered. It also predicts a high risk of mortality in patients at advanced stages of kidney disease and although technology would have managed to reduce the mortality of patients with kidney disease and those undergoing dialysis, the presence of depression and anxiety increases the risk of suicide.For this reason, is imperative to use a protocolized line of surveys for the detection of anxiety and depression, such as this one, since this measure contemplates from renal monitoring to characteristic cognitive symptoms of this affective disorder, therefore, it helps to prevent and take care of mental health.The outcome of this study was to determine the presence and severity of depression in patients with end-stage renal disease undergoing hemodialysis treatment since the COVID-19 quarantine began.

Methods: A prospective, observational cohort study in which the BECK I - II depression test was performed on 44 patients from Tarija Departmental Nephrology and Hemodialysis CenterA mobile phone was provided with the BECK I-II survey applied, taking into account their emotional state since the beginning of the quarantine, in that sense they recorded the responses. The database was completed with general information on each patient regarding personal data, etiology of kidney disease, years in hemodialysis, academic degree and interpersonal relationships.

Results: Forty-four patients entered the study, with an average age of 51.65 years, 20% men and 80% women. 9% (4) patients were infected by COVID-19 during the study period (Table 1). In the group of patients who were not infected, 37% presented some degree of depression and in the group of patients infected with COVID-19, presented moderate depression in 33% and severe depression in 67%.The group of uninfected patients was associated to the fact that they were living alone, some degree of suicidal ideation and sleep disturbance.In contrast to the group of infected patients who lived accompanied by their families, they did not have a suicidal ideation.

Table 1. Basic patient characteristics

	Measure	COV-19 negative N= 40 (91%)	COV-19 positive N= 4 (9%)	Total N= 44
Age	Average	51.75 (DS=14.8)	57.5 (DS= 10.08)	51.65 (DS=14.46)
Gender	%	22% V / 78% M	100% M	20% V/80% M
Race				
Mixed-race	%	98%	100%	98%
Black	%	2%	0	2%
Marital status				
Married	%	52%	50%	52%
Single	%	43%	25%	41%
Widowed	%	5%	25%	7%
Grade of education				
Never assisted	%	2	0	2
Primary	%	50	75	52
Secondary	%	35	25	34
College	%	13	0	12
Reason for HD				
Diabetes	%	42%	75%	45%
Hypertension	%	17%	25%	16%
GN	%	30%	0	30%
PKD	%	8%	0	7%
Other	%	3%	0	2%
Months in HD	average	32.7 months	14.5 months	31.9 months
Px without depression	%	63	25	59
Px with depression	%	37	75	41
Mild	%	53	0	44
Moderade	%	20	33	28
Severe	%	27	67	28
Suicidal Ideation	%			
Yes	%	15	0	14
No	%	85	100	86
Interpersonality				
Living in solitude (LIS)	%	25	0	23
Living with family	%	75	100	77
(LIS) with depression	%	60	0	60
(LIS) without depression	%	40	0	40

Conclusions: The prevalence of depression compared to other cohorts of patients is low compared to other published cohorts.The patients who were infected with COVID-19, had a higher percentage of depression compared to the uninfected group, despite having no associated factors (suicidal ideation, living in solitude).

No conflict of interest